




FOR BROKER-DEALER USE ONLY


Alternate issue state verification


Important information

Use this form to accompany an application when the applicant/contract owner is signing the application outside of their resident state. This form is not required if the annuity will be owned under a broker-dealer custodial arrangement.

Contact information

 **Website:**
johnhancock.com/annuities

 **Phone:** 800-344-1029
TTY: 800-555-1158

 **Mail:**
See return instructions at end of this form.

1. Contract information

Contract number _____

Financial professional's name (if applicable) (First) _____ MI _____ Last _____ Phone number _____

Broker-dealer's name _____

Owner information:

Owner's name (First) _____ MI _____ Last _____ Date of birth (MM/DD/YYYY) _____

Phone number _____ Email address _____

Address (Street) _____

City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

Co-owner information (if applicable):

Co-owner's name (First) _____ MI _____ Last _____ Date of birth (MM/DD/YYYY) _____

Phone number _____ Email address _____

Address (Street) _____

City _____ State _____ Zip code _____ Country (if outside the U.S.) _____



Contract number: _____

2. Out-of-state application information

Select all scenarios applicable to the applicant/contract owner and provide the requested information.

Residing at second residence out of state

Address (Street)

City State Zip code Country (if outside the U.S.)

Employed out of state

Employer/business name Phone number

Address (Street)

City State Zip code Country (if outside the U.S.)

Prior business relationship with financial professional who is out of state

Approximate dates of relationship: From _____ to _____
MM/DD/YYYY MM/DD/YYYY

Financial professional's address (Street)

City State Zip code Country (if outside the U.S.)

Not a natural person and signing in the insured/annuitant's state of residence


3. Signature and authorization

By signing below, I attest that the information provided in this form is complete and accurate.

SIGN HERE _____
Signature of financial professional Today's date (MM/DD/YYYY)

Return instructions

Please submit your completed and signed form via one of the following:

- National contracts:** John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444  **Fax:** 617-663-3160
- New York contracts:** John Hancock Annuities Service Center
PO Box 55445, Boston, MA 02205-5445
- All overnight mail:** Annuities Service Center
John Hancock Insurance
410 University Avenue, Suite 55444, Westwood, MA 02090

